Redefining Medicolegal Practice: Navigating India's New Criminal Justice Framework

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Abstract

The replacement of the Indian Penal Code (IPC), Code of Criminal Procedure (CrPC), and Indian Evidence Act (IEA) by the Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS), and Bharatiya Sakshya Adhiniyam (BSA) marks a historic transformation in India's legal landscape. These reforms have far-reaching implications for medical professionals who frequently intersect with the justice system. This review explores the key changes introduced by the new codes, particularly in areas such as medicolegal case documentation, sexual assault examination, forensic evidence handling, custodial death protocols, and postmortem procedures.

The article also highlights the urgent need to revise medical education, hospital policies, and standard operating procedures to align with the updated legal framework. Through a critical examination of implementation challenges—including legal awareness, documentation standards, and institutional readiness—the paper proposes actionable steps to strengthen the medico-legal interface. As India ushers in this legal overhaul, legal literacy is no longer optional but a clinical imperative for modern medical practice.

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INTRODUCTION

India's criminal justice system is undergoing a historic transformation with the repeal of colonial-era laws, the Indian Penal Code (IPC) of 1860, the Code of Criminal Procedure (CrPC) of 1973, and the Indian Evidence Act (IEA) of 1872. In their place, the Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS), and Bharatiya Sakshya Adhiniyam (BSA) have been enacted, signaling a paradigm shift aimed at modernizing and indigenizing the country's legal framework. These laws, came into effect from July 1, 2024, introduce significant structural, procedural, and terminological reforms with far-reaching implications across multiple domains, including medicine.(1)

Medical professionals often serve as frontline participants in the criminal justice system, particularly in cases involving injury, sexual assault, custodial deaths, toxicological emergencies, and postmortem evaluations. The revised legal statutes redefine timelines for filing medico-legal reports, restructure evidence protocols, and introduce new procedural expectations that directly impact the roles and responsibilities of healthcare providers. From documentation and consent to forensic evidence collection and testimony, the new legal framework necessitates a reassessment of how medical practice aligns with legal obligations.

This review aims to critically analyze the implications of the BNS, BNSS, and BSA on medical practice in India, highlighting key legal provisions that affect doctors, hospitals, and public health systems. It also underscores the need for enhanced medico-legal literacy and institutional preparedness to ensure compliance and safeguard patient rights under the evolving legal regime.

Key Legal Reforms Relevant to Medical Practice

The transition from the IPC, CrPC, and IEA to the Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS), and Bharatiya Sakshya Adhiniyam (BSA) introduces reforms that directly or indirectly influence the duties, legal accountability, and procedural involvement of medical professionals. Some of the most pertinent changes include:

1. Time-Bound Investigations and Reporting

Under BNSS, specific timelines are mandated for various stages of investigation, including medico-legal reporting. For instance:

- BNSS mandates that medico-legal reports and forensic evidence must be submitted within 7 days, where applicable, to prevent delay in justice.
- This directly affects emergency departments, forensic units, and general practitioners involved in assault, injury, or sexual offence cases.

2. Emphasis on Digital and Forensic Evidence

The BSA gives digital evidence the same weightage as oral or documentary evidence, making electronic medical records, digital autopsy reports, and telemedicine consultations legally admissible.

Medical professionals must ensure accurate electronic documentation and understand the implications of digital data as potential legal evidence.

3. Enhanced Focus on Victim-Centric Justice

BNS introduces victim-centric provisions for cases like rape, grievous assault, and custodial injuries, requiring sensitivity and accuracy in medical examinations.

Doctors must now follow standardized, legally recognized protocols for forensic medical evaluations, with special protection for minors and women under updated sexual offence clauses.

4. Streamlined Inquest and Postmortem Procedures
The new laws advocate for electronic inquests and virtual postmortems (e-autopsies) in specific situations, aimed at reducing delays and enhancing transparency.
This may influence SOPs in government hospitals, especially where resources are limited.

5. Legal Accountability and Penalties
Under BNS, non-compliance with legal mandates by public servants, including government doctors, can attract penal action.
This raises the need for clarity among medical staff regarding legal duties in reporting, certification of death, handling MLCs, and attending court proceedings.

6. New Definition of Criminal Acts Impacting Medical Judgement
Certain terms like "grievous hurt" or "culpable homicide" have been redefined, potentially impacting the way injury reports and cause-of-death certifications are interpreted in court.

7. Role of Medical Experts as Witnesses
BSA emphasizes the value of expert witness testimony, including that of doctors in courts. It also provides safeguards for experts to be treated with professional dignity, even during cross-examination.

These reforms collectively call for a recalibration of medico-legal training, documentation
practices, and institutional preparedness to align with the evolving legal architecture.

Medicolegal Areas Affected

The BNS, BNSS, and BSA bring transformative changes to various aspects of medicolegal practice in India. Medical professionals, especially those working in emergency departments, forensic units, and government hospitals, will face evolving expectations in terms of reporting, documentation, and medico-legal compliance. This section examines specific domains where these legal reforms have a direct bearing on medical responsibilities.

1. Medico-Legal Cases (MLCs): Reporting Protocols and Timelines
BNSS emphasizes time-bound investigation and reporting, which includes submission of medico-legal reports.
Doctors may now be held legally accountable for delays or omissions in forwarding MLC reports to the police.
Documentation protocols need to be standardized, with accurate timelines, injury descriptions, and signatures—ensuring admissibility and medico-legal defensibility.

2. Sexual Assault and POCSO Cases: Medical Examination and Legal Admissibility
The BNS reclassifies and redefines sexual offences, stressing on the dignity and privacy of the victim during medical examination.
Under BSA, medical evidence in such cases—including forensic swabs, injury reports, and psychological assessments—gains stronger evidentiary status, provided proper chain-of-custody is maintained.
For POCSO cases, strict consent protocols must be followed, especially in examinations of minors, and the presence of guardians or female staff may become legally mandated.

3. Forensic Evidence and Documentation
Digital evidence is now on par with oral and documentary evidence under the BSA, placing more emphasis on:
- Electronic medical records
- Audio/video recordings during procedures or statements
- Digital photographs of injuries or postmortem findings

Doctors must ensure secure, tamper-proof handling of medical and forensic records, especially in cases involving criminal charges.

4. Custodial Deaths, Injuries, Abortions, and Assaults
BNS mandates prompt and impartial documentation of injuries in custodial and assault cases.
Medical officers in government institutions may be required to report suspicious injuries or deaths, including during post-abortion care, even if patients refuse police involvement.
Failure to report can lead to disciplinary action or criminal liability under the revised provisions.

5. Postmortems and Inquest Procedures
BNSS encourages the use of e-autopsies and virtual inquests in select situations to reduce delays and human error.
Postmortem documentation must be precise, standardized, and digitally archived for legal scrutiny.
Medical officers may be required to video-record autopsy procedures, especially in high-profile or disputed cases.

These updates represent a significant shift from procedural routine to legal precision and accountability. Doctors must now be acutely aware of how their clinical decisions and documentation may become central pieces of legal evidence in the reformed judicial framework.

Impact on Medical Education & Hospital Policy

The introduction of BNS, BNSS, and BSA is not just a legal reform—it necessitates a paradigm shift in the medical profession's interface with the law. These changes call for urgent recalibration of both undergraduate and postgraduate medical training, as well as institutional policies governing medico-legal responsibilities.

1. Curriculum and Training Gaps
Current MBBS and internship training in India provides limited exposure to legal frameworks, often focused on outdated provisions from IPC and CrPC.
With new definitions, digital evidence handling, and procedural mandates, there is a pressing need to revise forensic medicine syllabi to incorporate:
- Updated penal sections and legal terminology
- Case-based learning on BNS-defined crimes
- Documentation protocols under BSA

PG students in specialties such as Forensic Medicine, Emergency Medicine, Pediatrics, and Obstetrics will need specialized orientation on how the reforms affect their legal responsibilities.

2. Hospital Policy Revisions
Institutions must revise their Standard Operating Procedures (SOPs) to reflect new timelines, consent requirements, and documentation norms.
Emergency departments and casualty units must ensure:
- Quick MLC registration and reporting
- Protocols for handling digital evidence
- Gender-sensitive practices in sexual assault evaluations

Hospitals will also need to:
- Train staff on chain-of-custody protocols
- Maintain secure digital storage of medico-legal records
- Designate medico-legal officers or nodal points for compliance with BNSS timelines

3. Continued Medical Education (CME) and Sensitization
Professional bodies like IMA, NMC, and MCI-affiliated institutions must initiate mandatory workshops and CMEs on legal reforms.
Inclusion of mock trials, medico-legal simulations, and interdisciplinary sessions with legal professionals can improve understanding of doctors' courtroom roles.
These reforms mark a shift from passive medico-legal compliance to active legal literacy and institutional readiness. Without proactive updates to training and hospital systems, there is a risk of non-compliance, litigation, or even penal consequences for medical personnel.

Challenges in Implementation

While the legal reforms under BNS, BNSS, and BSA are progressive and forward-looking, their effective integration into medical practice faces several real-world challenges. Bridging the gap between policy and practice will require navigating systemic, educational, and infrastructural hurdles.

1. Limited Awareness Among Medical Professionals
A large section of practicing doctors, especially in rural and semi-urban India, remain unaware of the updated legal provisions.

Many continue to refer to outdated IPC and CrPC sections during medico-legal documentation and court depositions, increasing the risk of legal complications.

2. Inadequate Training and Resource Material
Medical curricula and textbooks have not yet incorporated the BNS/BNSS/BSA frameworks.
Lack of official training modules and medico-legal manuals aligned with the new laws hinders proper orientation, especially for interns and junior doctors.

3. Institutional Unpreparedness
Most hospitals, especially public sector facilities, lack:

- Digitized medico-legal systems
- Staff trained in e-documentation and evidence preservation
- Dedicated medico-legal cells or officers to ensure protocol adherence

Smaller hospitals may not have the capacity to implement e-autopsies or digital reporting systems.

4. Risk of Legal Liability and Professional Burnout
With stricter timelines and legal responsibilities, medical errors or delays in reporting may attract criminal or disciplinary action.
Doctors, already burdened with clinical duties, may experience increased stress and fear of litigation, particularly in complex or sensitive cases.

5. Lack of Intersectoral Coordination
Implementation requires coordination between health departments, law enforcement, forensic labs, and judiciary, a synergy that is still evolving.
Absence of clear communication channels may lead to procedural lapses and blame-shifting in medico-legal cases.
Without targeted interventions, these challenges may dilute the intended impact of the legal reforms and increase medico-legal vulnerability for healthcare professionals.

The Way Forward

The sweeping legal reforms under BNS, BNSS, and BSA have positioned medical professionals at the crossroads of healthcare and criminal justice. To navigate this new legal landscape effectively, a multi-tiered, collaborative, and future-ready approach is essential.

1. Interdisciplinary Collaboration
Encourage dialogue and training between medical and legal professionals, including forensic experts, police personnel, and judicial officers.
Joint workshops and seminars can help harmonize expectations, streamline processes, and build mutual trust.

2. UG/PG Curriculum Reforms
The National Medical Commission (NMC) should issue immediate directives to revise the forensic medicine syllabus in accordance with the new laws.
Incorporate clinical-legal interface training in both undergraduate and postgraduate medical education, emphasizing real-world case simulations, court procedures, and ethical-legal frameworks.

3. Institutional Reforms and Infrastructure
Hospitals must establish medico-legal units or nodal officers responsible for training, documentation compliance, and digital integration.
Invest in digital tools for secure MLC data storage, e-autopsy protocols, and video documentation where needed.

4. Sensitization and Capacity Building
Regular Continuing Medical Education (CME) programs, legal literacy drives, and online certification modules should be made mandatory for all clinicians.
Sensitization should also target administrators, nurses, and allied healthcare workers, ensuring whole-system preparedness.

5. Policy-Level Support
State health departments must allocate funds and issue notifications to support implementation at the grassroots level, especially in government hospitals.
Collaboration with legal bodies such as Bar Councils and Judicial Academies can help bridge gaps in expectations and understanding.
With proactive and inclusive measures, the medical fraternity can become not just compliant, but empowered participants in India's reimagined justice delivery system.

CONCLUSION

The transition from IPC, CrPC, and IEA to BNS, BNSS, and BSA is more than a legislative reform, it is a cultural shift that compels the healthcare system to embrace legal literacy as a clinical necessity. For medical professionals, the implications are immediate, practical, and far-reaching.
From documenting injuries and conducting postmortems to examining survivors of assault, clinicians are now custodians of crucial legal evidence. With new definitions, timelines, and digital protocols, the margin for error has narrowed, and the responsibility has deepened.
Moving forward, the medical community must adopt a proactive, informed, and legally conscious mindset, transforming medicolegal duties from a compliance burden into a professional strength. In doing so, doctors can uphold both medical ethics and legal accountability, ensuring that justice is not just served, but scientifically supported.

REFERENCES

1. Ministry of Law and Justice. (2023). The Bharatiya Nyaya Sanhita, 2023. Government of India. https://egazette.nic.in
2. Ministry of Law and Justice. (2023). The Bharatiya Nagarik Suraksha Sanhita, 2023. Government of India. https://egazette.nic.in
3. Ministry of Law and Justice. (2023). The Bharatiya Sakshya Adhiniyam, 2023. Government of India. https://egazette.nic.in
4. *Guidelines and protocols medico legal care for survivors victims of sexual violence | Ministry of Health and Family Welfare | GOI*. (2019). Mohfw.gov.in. https://mohfw.gov.in/?q=reports/guidelines-and-protocols-medico-legal-care-survivors-victims-sexual-violence
5. Bhagat, S., Dongre, S., & Pusdekar, Y. (2025). Competency-based Medical Education: Perspectives from Students' Lens: A Cross-sectional Study among Undergraduate Medical Students. *Annals of African Medicine*. https://doi.org/10.4103/aam.aam_139_24
6. Subrahmanyam, B. V., & Modi, J. P. (2001). *Modi's medical jurisprudence and toxicology*. Butterworths.
7. Patond, S., Mohite, P., Ninave, S, & Pande, V. (2019). Knowledge about medicolegal aspect of documentation amongst residents and faculty-A cross-sectional study. *Journal of Indian Academy of Forensic Medicine*, *41*(2), 117–117. https://doi.org/10.5958/0974-0848.2019.00032.0
8. Bureau, T. H. (2024, June 30). New criminal laws in India: The Hindu's detailed coverage. *The Hindu*. https://www.thehindu.com/news/national/indias-new-criminal-codes-the-hindus-detailed-coverage/article68347477.ece
9. Satyendra Wankhade, & Joshi, N. (2023, August 15). *Bharatiya Nyaya Sanhita, 2023: New and repealed provisions, drafting errors and more*. Bar and Bench - Indian Legal News. https://www.barandbench.com/news/bharatiya-nyaya-sanhita-2023-changes-and-highlights
10. Manual for the Health Care of Children in Humanitarian Emergencies. Geneva: World Health Organization; 2008. Available from: https://www.ncbi.nlm.nih.gov/books/NBK143751/